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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of

SHIBA et al.

Application Number: 10/772,447

Filed: February 6, 2004

For: IMAGE DISPLAY DEVICE

Attorney Docket No. NITT.0185



Art Unit 1772

Examiner  
Hon, Sow Fun

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

☒ The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	28	25	5 (Over 20)	x \$50	150.00
Independent Claims	3	3	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	150.00

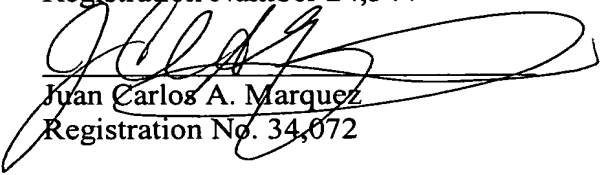
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |                                                                                          |                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Response to Office Action<br>(with Claim Amendments) | <input type="checkbox"/> Petition for Extension of Time                                 |
| <input type="checkbox"/> Substitute Specification                                        | <input type="checkbox"/> Terminal Disclaimer                                            |
| <input type="checkbox"/> Preliminary Amendment                                           | <input type="checkbox"/> Letter to Draftsperson w/ __ sheets of<br>replacement drawings |
| <input type="checkbox"/> Information Disclosure Statement                                | <input type="checkbox"/> Request for Continued Examination                              |

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] A check in the amount of **\$150.00** to cover the excess claims fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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**October 16, 2006**

150.00 OP